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ABSTRACT

A cross-section of people who are exploring new ways of training, hiring and credentialing mental health workers on the basis of competence participated in this symposium. Their basis premises were that: (1) competency, not academic degrees, should be the basis for hiring and training human service workers and (2) there is a need for hard facts about what makes a worker competent. Knowledge and skills, they concluded, are neither the only--nor most essential--ingredients of competent performance. Additionally, they found a need for a model for the human service worker. Standards must be set that will assure flexibility in the evaluation of worker competence. Finally, they called for a fair, flexible, simple credentialing system for human service workers. (Author/PC)

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MENTAL HEALTH AND HUMAN SERVICES COMPETENCY: ISSUES AND TRENDS

REPORT OF A SYMPOSIUM

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SOUTHERN REGIONAL EDUCATION BOARD

MENTAL HEALTH AND HUMAN SERVICES COMPETENCY:

ISSUES AND TRENDS

REPORT OF A SYMPOSIUM
TOWARD TRAINING AND CREDENTIALING WORKERS

- *WHO ARE THEY?*
- *HOW DO YOU TRAIN THEM?*
- *HOW DO YOU KNOW THEY ARE COMPETENT?*

MAY 9-10, 1977

Sponsored by the

Commission on Mental Health and Human Services
Paraprofessional-Worker Certification &
Paraprofessional-Program Approval Projects

Southern Regional Education Board
130 Sixth Street, N.W.
Atlanta, Georgia 30313

THE SOUTHERN REGIONAL EDUCATION BOARD (SREB) is the nation's first interstate compact for higher education and a pioneer in regional planning and action for the effective multi-state use of postsecondary resources. Created in 1948 at the behest of the Southern Governors' Conference, the Board brings together educators, government officials, and other regional leaders to work in concert for the advancement of higher education and, in so doing, to improve the social and economic life of the South. Working directly with state governments, academic institutions and other related agencies, SREB researches and reports on needs, problems and developments in higher education; conducts cooperative programs to upgrade training in the undergraduate, graduate, professional and technical sectors; and serves as fiscal agent and administrator in interstate arrangements for regional educational services and institutions. Member states are Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia and West Virginia.

SREB'S COMMISSION ON MENTAL HEALTH AND HUMAN SERVICES was formed in 1954 following a resolution by the Southern Governors' Conference to establish a regional action approach to help solve the mental health/human services problems of the South. The Commission is made up of one person named by each state's governor, usually the state commissioner of mental health, plus half again as many persons named by SREB to represent the legislative, professional, and citizen interests. Originally, its efforts were concentrated on the mental health professions of psychiatry, clinical psychology, psychiatric social work and psychiatric nursing. Over the past ten years, considerable attention has also been directed to middle-level manpower development in the mental health/human services field and to continuing education for the field, although it continues to work with the major professions as well.

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"...many thanks for a most interesting two days. I trust the symposium will have been but the first of an ongoing series of occasional opportunities for all of us to share in a common search for methodologies, tools, and processes that will help bring clarity and resolution to important issues in the human services."

"The result of not understanding in the first place what really constitutes competence has resulted in millions of dollars and person-years of research directed at predicting outcomes of dubious consequences."

"The nature of competence is a complex phenomenon that has only begun to be properly researched and understood. We know that human performance is characterized by knowledge, skills, abilities and other characteristics which are only partially known and poorly measured."

"In education and work settings, numerous changes in assessment procedures have occurred in the past ten years as a result of demands for accountability from legislators, the courts, and the public. These changes are reflected in the shift from assessing what people know to what they can do."

"Affective (behavior) is complex and difficult to measure... More is not always better."

WHAT IS *COMPETENCE?*

WHO IS *COMPETENT?*

HOW DO YOU *MEASURE* COMPETENCY?

HOW DO YOU *LEARN* IT OR *TEACH* IT?

HOW DO YOU *ASSURE* IT?

AND WHO *NOTICES?*

Clients and patients do. So do legislators; state manpower and personnel planners; staff members of human service agencies and federal agencies; state licensing boards; students, teachers and administrators of universities and two-year colleges, among others.

SREB's Commission on Mental Health and Human Services is sponsoring two related projects designed to develop models and mechanisms for certifying mental health workers and approving training programs. The progress of both projects depends upon better understanding of the concept of competence and the uses to which it is being put in mental health and human services throughout the country.

The necessary first step is communication, SREB decided, in tackling an issue like competence which involves scientists, politicians, educators, workers, clients and health professionals in many fields and at all levels. SREB therefore selected and invited 16 leading persons from ten states across the nation to exchange information and points of view.

A cross-section of people involved with change were invited--people who are exploring and experimenting with new ways of training, hiring, or credentialing mental health workers on the basis of competence. Since they wore many different hats, they were able to tell each other how the opportunities and problems of competence assessment looked from their diverse vantage points.

They had a common belief in two basic premises: first, competency, not academic degrees, should be the basis for hiring and training human service workers; secondly, we need more hard facts about what makes a worker competent,

and how to measure competencies and assure that all clients and patients receive competent care.

What was accomplished? Opening up new avenues of thought, not narrowing down the focus, was the purpose of this exploratory symposium. Many participants went home with the realization that competence is a much more complicated matter than they had thought it to be.

Participants also agreed that we need more empirical evidence of which worker characteristics actually have an impact on the client. The question "So what?" was a favorite one when methods of teaching or observing workers were mentioned. Will this activity have a direct effect on what the worker does for the client? If not, let's find out what does.

This publication will summarize what the participants--government officials, researchers, educators, and mental health professionals--are doing to advance competence-based education and evaluation of mental health/human services workers. Each person's work or project will be briefly described in Part I, along with that person's observations about his or her work. In Part II, we shall summarize briefly those issues which SREB staff persons thought came up most frequently and prompted the most head-nodding agreement around the table.

The reader is encouraged to join this symposium. Its goal was to bring us one step closer to the day when all of us receive or give competent care--in all human service agencies. Your points of view and questions on this topic are welcomed by the SREB staff members and the symposium participants.

SREB is indebted to the Paraprofessional Manpower Development (PMD) Branch of the National Institute of Mental Health which supported this symposium and is also funding both of the related SREB projects. We are grateful to Vernon James, chief of the PMD staff, and Donald Fisher, also of the PMD staff, for taking part in this symposium and helping SREB in its development. The Board also wishes to thank the other participants for their interest, concern and time.

COMPETENCE: CONCEPTS AND APPLICATIONS

- *In institutions, government offices, and service agencies...*

WHY COMPETENCE?

Harold L. McPheeters

Before we get into "Why?", let's take care of "What?". As we are using it in this report, *competence* refers to whatever qualities it takes to do a job adequately as measured against some specified standard of performance. When we talk here about competence-based education, for example, we are talking about learning which is designed to produce a competent worker--one who has competence in his or her field.

As for competency, that's a narrower concept. We use it here for referral to proficiency within some limited, usually small, area of work. A worker may, therefore, have many *competencies* and yet not be *competent* enough to serve clients.

Definitions aside, why are we so concerned with competence? Because most of us think it's here to stay in the mental health and human services fields. People are being trained and used in different ways; the "Big Four," that is, psychiatry, psychology, social work and psychiatric nursing, are losing their monopolistic hold on mental health education and careers; more people need jobs; services are expanding and burgeoning; the concept of accountability is catching on. In short, change is the order of the day.

"The mental health field now strides across both the traditional health care system and the social welfare system, but its manpower system has not recognized this shift nor made the proper adjustments."

As you know, it all started with the New Careers movement in 1966. Congress recognized that there were a lot of poor and minority group people out there who needed jobs, but lacked the education or experience to get them. So money was made available for a hire-now-train-later program

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Dr. McPheeters is director of the Southern Regional Education Board's Commission on Mental Health and Human Services.

to get people working and let them learn while they earn. This program started with jobs in housing, mental health, welfare and teaching, but soon spread unofficially to other areas as well.

A parallel development has been a kind of disenchantment with colleges and college degrees, as more and more young people find out on graduation day that they are neither well-educated nor well-prepared for work. Meanwhile, technical institutes and two-year community colleges have been proliferating steadily because they're providing the job training young people want and need.

This has meant an increase in manpower and services in the human services field, but there is bad news too. The manpower picture can be described as ranging from uncoordinated to chaotic. Systems? Plans? Blueprints? Rationales? We don't have them and we need them badly, both for emerging careers and for the traditional Big Four professions.

The mental health field has been closely allied with medicine and hospitals throughout its history, but there's been a big switch in the last thirty years to psychological and social theories and procedures. Yet our training and hiring practices still reflect the old system where the psychiatrist was king, where people learned to give one-to-one therapy, and where the aide was a flunky with no status or hope for advancing on the job.

"The object of the entire manpower system is to deliver effective mental health services at a reasonable cost to as many needy individuals and communities as possible. The challenge, then, becomes one of designing a system that makes maximum use of all manpower--both professional and paraprofessional..."

Another important change is the trend to openly train workers and write job titles in terms of problem fields instead of professions. The person who's in demand today is not the psychologist or the social worker, but the child care worker, the mental health worker, the alcohol or drug counselor, or someone who specializes in aging or corrections.

This approach seems to work better for both worker and client in the long run. But again, the development of this psycho-social movement has been idiosyncratic and uneven at best. Meanwhile, the traditional professions are finding the lines of demarcation between them blurring considerably, a condition which has set off many wasteful conflicts and turf battles between them.

But we still have many unanswered questions about the kinds of competencies, roles and functions of traditional disciplines as well as new careers. We also have to figure out the relationships that might most appropriately be developed for job descriptions in agencies and curricula in schools. And finally, we need some guidance for developing career systems and hierarchies in training programs so that students and workers can move forward in an orderly way in their schooling and their jobs.

All of which takes us back to where we started. *What is competence?* How do you use it to develop manpower, education and evaluation in the mental health/human services field? The following pages will comment on those questions.

SREB WORKER CERTIFICATION PROJECT

Arthur L. Benton

"Emerging for the past few years from many journal articles, conference papers and regional workshops is the clear expressed need to bring much more coherence to the manpower and training aspect of the whole mental health manpower field."

The three-year worker certification project is designed to produce a methodology and procedure for certifying human service workers and to promote their acceptance among private and public employers. The ultimate goal is to come up with a framework for the entire mental health/human services manpower system, but the initial emphasis will be solely on the paraprofessional level.

Early in the project, staff and task forces addressed themselves to these kinds of questions:

- What are the major purposes for credentialing?
- What type of organization should be responsible for credentialing?
- How should this organization be structured?
- What other groups should be involved, and how?
- What liaisons and alliances should be developed between which groups?

After examining the literature related to certification, especially of *competence-based* curricula, SREB staff convened a task force to analyze the project goals and to propose approaches to the many complex and interrelated problems.

Dr. Benton is director of the SREB Worker Certification Project. He was the department chairman for Health and Human Services at Bangor Community College, University of Maine/Orono and director of its Mental Health Technology Program before coming to Atlanta.

Other task forces, study groups and consultants will be used to identify the competencies of paraprofessional mental health/human services workers and to design the framework for certifying workers by levels. A certification methodology and assessment procedure with examination instrumentation will be developed along with a design for the implementary organization.

SREB is not a newcomer in this field. In fact, the Board has been concerned with the manpower needs of the mental health field--especially the paraprofessional worker--for the past 12 years. Its Commission on Mental Health and Human Services has produced publications to help train and utilize new kinds of mental health workers. And it has previously explored curriculum development, student recruitment, faculty training, and job development.

SREB PROGRAM APPROVAL PROJECT

Edward J. Jacobs

The purpose of this two-year project is to establish guidelines and methods for program approval and to encourage their acceptance and use.

In February 1977, a task force met in Atlanta to examine the national issues which affect health services manpower development, evaluate what effect these issues could have on the credentialing of paraprofessional workers and training programs and to recommend next steps.

"The main theme that ran throughout the two-day meeting was that the most significant ingredient of both projects is competency specification...it offers not only the structure and content of credentialing, but offers opportunities as well for...training, curriculum development, individual and program evaluation."

The task force asked SREB to collect demographic data on the use of paraprofessional workers and to develop a glossary of terms that would lead to uniform usage. Both recommendations are being carried out.

Information on students, staff, curricula and graduates of mental health/human services training programs was gathered in order to get a general picture of their major characteristics. Responses were received from 304 training programs in clinics, hospitals, two- and four-year colleges in 46 states.

Data will be analyzed further, but initial results representing 65-85 percent of the programs in the country indicate the following:

Mr. Jacobs directs the SREB Program Approval Project. He has taught in the Human Services Program and Department of Sociology at Western Washington State College in the College of Ethnic Studies. He also worked on curriculum development, research and program evaluation in the New Careers Program.

- There are 20,000-24,000 students enrolled in health services training programs.
- The number of graduates increased from 4,000 in 1970 to 10,000 in 1976.
- Competence-based standards are not widely accepted (only about 17 percent of the programs use them for their entire curricula).
- Faculty members with degrees in psychology are in the majority, with social work degrees running a very close second.
- Faculty members average 8-12 years of clinical/community experience.
- In general, survey respondents were very favorably disposed to the development of credentialing for the paraprofessional mental health and human services workers.

After the survey findings are studied by a task force, staff and task force members will begin work on a coherent system for manpower training. This will provide for training different levels of workers. It will also provide linkages between work levels and training levels so that students and workers will be able to advance systematically in their jobs or schools.

Staff will then organize task forces to establish guidelines and methods of program approval, which in turn would lead to efforts to win acceptance for these concepts by training institutions across the country.

A COMPETENCE-BASED CURRICULUM

F. Coit Butler

The curriculum at the College of Public and Community Service is based on Robert Gagné's hierarchy of learned performance which identifies a continuum ranging from a single response to complex problem solving. Professor Butler uses the concept of competence in education three ways: planning curriculum, learning and teaching, and credentialing to award a Bachelor of Arts degree.

"Competence-based education is derived from and organized around an agreed-upon set of competencies and provides the learning experiences designated to lead to the attainment of those competencies."

He uses a model which places *definitive (global) competencies* at the highest, most generalizable level. They derive from overall college goals and define the major thrust and general content of the program. They include such universals as:

- Valuing/self-awareness
- Relating/self and others
- Communicating/language and logic
- Collaborating/group dynamics
- Inquiring/methods of inquiry
- Developing/developmental processes
- Committing/social consciousness
- Helping/social action

The next level of competencies, the *enabling competencies*, are derived from these definitive competencies. These are

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Mr. Butler is director of evaluation for the College of Public and Community Service, University of Massachusetts in Boston.

developed by the departmental faculty and the staff of community agencies and describe the knowledge, skills and attitudes that are more specifically related to performance in a human service field. This is the level at which students are evaluated for their attainment of competence. The enabling competencies include such items as:

- Can consciously alter behavior toward others to accommodate their needs.
- Can organize a paper advocating a position in human services.
- Can analyze the developmental stages of a task group in attaining its goal.
- Can evaluate research methods and conclusions to resolve conflicting scientific claims.
- Can develop a reasoned argument for an ethical stand.
- Can use a recognized therapeutic approach to effect change within an individual.
- Can design a program evaluation plan for a human service agency.

Note that these competencies will still provide for considerable flexibility and freedom of choice as to content area and context. Detailed criteria, standards, and conditions for demonstrating each of the enabling competencies provide the basis for evaluation and also certification.

At a still more specific level are the *learning objectives* for individual courses. They are the sequential learning steps for acquiring special knowledge and skills. These and their particular *behavioral objectives* are the detailed end-products of the curriculum development process that result from breaking down the learning objectives into learning modules.

Proceeding down the set of levels of competencies from the very general to the very specific, each level of description is a subcomponent derived from the more general level preceding it. With each successive subdivision, the description of competence becomes narrower and more specific.

PERFORMANCE-BASED EDUCATION

Stephen C. Sunderland

The primary purpose of the curriculum of the College for Human Services is to train students to facilitate client empowerment. The curriculum itself is broad, but the criteria for receiving a degree are explicitly defined. A student must make something happen in the community--must be able to demonstrate that his learning can have an effect or make a change in the real world. Evaluation of the student includes a corresponding evaluation of how the client performs before and after the student's intervention.

"This means that children, the handicapped, the poor, the retarded, and so forth, can have a real say in the kind of learning and treatment processes that are used on and with them."

The second operating principle of the College is that students must be taught to carry out *constructive actions*. These are defined as acts of service which serve needs of citizens and provide clients with the best resources or options.

The College believes, thirdly, that its education must be grounded in a holistic concept of knowledge that is proven in the practicing of professionals. Five major dimensions of outstanding practitioners in *all* human services fields have been determined and are used as guidelines for the curriculum as well as the evaluation of students. These dimensions are:

- the ability to set purposes with and for the citizen respecting his or her needs;
- the ability to understand the interrelationship between the staff and the citizen in order to close any distance which may hamper full service delivery;

Mr. Sunderland is dean of the College for Human Services in New York City.

- understanding of the systems of resources and resistances that surround the citizen and also the professional;
- the ability to appreciate and acknowledge the student's own value bases so as not to confuse or affront the citizen in providing service;
- the ability to demonstrate the analytic and communication skills necessary for effective service delivery to the citizen.

In addition, the College has identified eight functional areas of human service:

- becoming a life-long learner;
- establishing professional relationships at the work site;
- being an effective group worker;
- being an effective counselor;
- being an effective teacher;
- being an effective community liaison worker;
- being an effective supervisor;
- being an effective change agent.

Competencies are derived from the interplay of these eight crystals and the five dimensions and are measured in terms of the student's performance with real clients and community agencies.

"(The) word 'professional' is not a term of respect to many in our society."

The fourth basic tenet of the College's educational philosophy is that advanced performance must be rewarded with credentials which are marketable in the current human service job market. Realizing that the public expects a certain type of service or level of performance from persons with master's or doctoral degrees (even

though there is often little relationship between performance and degree), the College awards the B.A. or M.A. degree to students who have demonstrated the necessary level of performance.

"...the human service profession could choose to ignore performance and emphasize the traditional credentials approach... (but) it would lock out workers from the possibility of rising to levels of employment based on performance,...force them into time-wasting 'educational' mechanisms....remove a highly talented, experienced and mature group from the labor pool, ...and reinforce standards that have been shown to have no relationship to job performance..."

Program accreditation is still pending for the New York model of this curriculum, but already three other adaptations are underway across the country. A program at the master's level is already functioning in Pennsylvania, while another will soon be opening in Florida, and a third is planned for California.

TECHNIQUES FOR EVALUATING COMPETENCE

Paul S. Pottinger

"Competence is not a simple summation of discretely defined subunits of knowledge and skills or personal characteristics...(Its measurement requires) sophisticated techniques for determining the optimal patterns of interactions among subscores."

The main concern of the Institute for Competence Assessment is to analyze the elements of competence in order to evaluate performance, discover what the critical ingredients of successful performance are, determine if and how to test personnel for selection and promotion, and to develop the content for meaningful, useful training.

The Institute has found that academic credentials and the results of tests give no reliable indication whatever about how well a person could perform on the job. Furthermore, these measures do not discriminate between the marginally competent, the competent and the most successful workers.

Dr. Pottinger also has concluded that task analyses are not the answer to finding the characteristics necessary for job performance because they do not get at the underlying causes of competent professional practice. In fact, any assessment of observable behavior, even that used in the most sophisticated licensing examinations, can produce wrong or misleading results for two reasons.

First, it fails to take into account variables which determine the effective *use* of these behaviors in practice. Secondly, it assumes that if a certain proficiency is required for a job, the higher the level of proficiency, the more qualified the person is. However, "more is better" cannot be a slogan for competence assessment. In many instances, a very high level of competence in certain

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Dr. Pottinger is director of the Institute for Competence Assessment at McBer and Company. The Institute offers consultation to management of industries, businesses and educational institutions, assessing competencies of different types of personnel.

areas correlates *negatively* with successful job performance, while a *minimum level* is an indicator of successful performance.

Dr. Pottinger reported that the behavioral event analysis technique is the one that seems to work best. It consists of in-depth interviews in which information about overt and covert behaviors is obtained. However, the latent content of the interviews is most important because it brings to light the variables that *cause* observable behavior. The behaviors themselves may correlate with success on the job, but they do not necessarily cause success.

Three dimensions of performance are emphasized which are highly related to competence, but are rarely considered in competence assessment or licensing examinations. These are motivation, interpersonal skills, and *cognitive process abilities*--the ability to think. All three can be identified, defined and measured.

"...the amount of knowledge of a content area is generally unrelated to superior performance in an occupation...more important is that an individual be willing and able to learn and do new things...(and that one have) conceptual skills that enable one to bring order to the informational chaos that characterizes one's everyday environment...How is the knowledge used to come to grips with the practical problems of the work situation?"

Many licensing examinations and other inflexible testing procedures often miss the mark for many reasons. Among the most important are:

- Methods of testing are too restrictive to measure critical aspects of competence.
- People function differently in different settings.
- People approach problems in their own way and many different approaches to the same problem can lead to a successful solution.
- Occupations and jobs have a tendency to change in character over time and so do characteristics needed for success.
- The characteristics needed for successful performance differ at different levels of performance.

MAPPING COMPETENCIES: A NEW TECHNIQUE

Robert J. Siegfried and Baudouin de Marcken

In competency-based or performance-based undertakings, efforts are focused on reducing the ambiguity involved in making and using judgments about human performance. The limits of work are arbitrary with many models and referents used in their description. Language, like topographic symbols on a map, is merely symbolic. Symbols, such as *steeple*, or the word *contract*, by themselves are interpreted in different ways. There needs to be a synthesis of the representative symbols along with the analysis of work activities.

"We need consensual validation of competencies because we are fighting among professions and across professions."

Competency statements are symbols representing behavior. Meaning is derived by examples and analysis of components and sub-elements to tease out the underlying content. Consensual synthesis using the tools of psycho-linguistics has proven fruitful for clarification. Reaching consensus through a political process among all persons involved in the use of competencies is essential.

Written statements are models of cognitive structures used to represent, but are *separate from* the experience portrayed. They are maps, not topography. Just as no map fully recreates the topography, no model fully re-creates an experience.

Process Mapping is a term applied in the Skills Matrix Project to describe the model of operations used to develop, enrich and normalize written representations of human performance. Behavior is described with sufficient clarity until it is specified adequately for consensus among the users of the written statements.

Dr. Siegfried is program director of the Skills Matrix Project, supported by the National Institute on Drug Abuse at the Medical College of Pennsylvania. Mr. de Marcken is the project coordinator.

All models are ambiguous since they are analogies. Complete removal of these ambiguities is not possible, but we can reduce them to a tolerable level in the model. For example, one of the three meta-models used in the Skills Matrix Project, referred to as the *Performance Specification Model*, categorizes human performance in four interrelated parts:

The *context* in which a performance was or is to be performed;

The *purpose* of the performance being specified;

The nature of the *performance;*

The nature of the process(es) by which the performer will be *judged* for adequacy.

An example of the *Performance Specification Model:*

Context:	*IN* a rural drug abuse program in which the performer is the only counselor,
Purpose:	*IN ORDER TO* reduce the anxiety and build the trust of a white, male, formerly drug dependent client,
Performance:	*USING AS EXTERNAL RESOURCES* the client's body movements, other changeable bodily characteristics and the client's verbal statements,
	THE PERFORMER reflects the client's feelings, paraphrases his statements, confronts the client with contradictions and shares his own feelings,
	WITH BEHAVIOR THAT is empathic, sensitive to the client and consistent,
Judgment Process:	*AS JUDGED BY* the performer's supervisor,
	COLLECTING INFORMATION BY observing the interaction between worker and client in three counseling sessions,

AND COMPARING THE INFORMATION COLLECTED TO THE FOLLOWING MODEL(S) FOR ADEQUACY IN THIS PERFORMANCE:

1. Carkhuff and Berenson, Beyond Counseling and Therapy;

2. Bandler and Grinder, The Structure of Magic;

3. Skills Matrix Unit of Work, Reducing Anxiety and Building Trust.

Process Mapping is intended to assist us to "get a grasp" on the subtleties of reality. It will not provide absolute answers which lie more within the realm of philosophy. However, as a tool, process mapping can help us toward the end of getting a grasp upon practical reality as long as we realize that the "whole of human performance exceeds the sum of the parts."

"...going through competency assessment is educational in itself..."

CDA ASSESSMENT AND CREDENTIALING

Helene Gerstein

"The Office of Child Development, in acknowledgment of the many people who had been working in Early Childhood Day Care and Head Start centers for several years without formal training, wanted to provide alternative methods for training and assessment which would recognize their experiential expertise and provide them with a credibility which would be nationally accepted--thus, the birth of the CDA Consortium and the thirteen Pilot Training Projects."

The Childhood Development Associate (CDA) Consortium, as of June 1976, had credentialed over 1,000 people. The credential is being used by more and more people across the country. Some states have not yet accepted it, but many states have and are using it in lieu of certification or college degrees. It is now being sought by both the teachers and paraprofessionals who feel that they can demonstrate the necessary knowledge, skills, and techniques required for working more effectively with young children.

Development of the credentialing system began four years ago. It has been carried out by the CDA Consortium in Washington which consists of representatives from a variety of groups involved with early childhood education: i.e., professional organizations, colleges and universities, teachers' unions and others at the local, state and national levels concerned with credentialing early childhood workers.

Based on six broad areas of competence which were agreed upon by experts in the early childhood field, 13 functional areas were identified which could be used to observe and assess candidates.

The assessment process takes an average of two to three months at a small cost to the applicant. The candidate plays a central role in the process. He or she sets the

Ms. Gerstein is director of the Competency-Based Mental Health/Social Service Development Project at the Community College of Philadelphia. She has developed competence-based CDA training materials and now directs the Staff Training in Day Care Project which is the implementation of the CDA materials she helped to develop.

process in motion by arranging for a meeting of the assessment team. The team is made up of the candidate, someone who works with him or her in a learning situation, a parent representing the community and a representative of the CDA Consortium.

Candidates also prepare a portfolio demonstrating what they have accomplished in each of the 13 functional areas. This need not be done in the traditional academic style. Pictures or any other medium are acceptable, as long as they convey the message.

Meanwhile, members of the team collect information about the candidate. The parents' representative distributes questionnaires to all the parents in the candidate's classroom; the teacher or supervisor observes the candidate and records strengths and weaknesses on an evaluation form; and the CDA representative observes candidates three to five hours and interviews them for two to four hours before the final assessment team meeting.

When the team meets, observations and data are shared and compiled into a profile of the candidate which reflects everyone's findings and includes any recommendations for the candidate's improvement.

The final decision may be "needs more training," "not enough information," or "competent." If the candidate is competent, the team decides whether his or her performance is adequate, good, very good, or excellent.

The team's assessment and the candidate's portfolio are sent to the CDA Consortium in Washington which issues the credential of Child Development Associate to successful candidates. The candidate reserves the right to appeal or to be reassessed.

MINNESOTA'S APPROACH TO CREDENTIALING

Corrine W. Larson

Occupational groups in Minnesota can be credentialed only if:

- the unregulated practice of the occupation might endanger the health, safety, or welfare of the public;
- specialized skills or training are needed to practice the occupation; or
- the public is not effectively protected by other means.

"The Division functions to promote the development of a comprehensive and rational decision-making system for the regulation of human services manpower. Its goal is to ensure that the public interest is served by individuals who provide health and related human services through the establishment and maintenance of a credentialing system."

When an occupational group applies for credentialing, it fills out a questionnaire which, when completed, often totals 50 pages. Detailed information is required about the scope and functions of the work its members do as is other information designed to give the Human Services Occupation Advisory Council and the Division staff indications of whether or not the group warrants regulation. Occupational groups are assisted by Division staff members in filling out these forms and are given six months or more to complete them.

Questionnaires are reviewed and refined with the help of staff and given a priority ranking (based on safety and well-being of the public) by the State Board of Health. The Human Services Occupations Advisory Council then appoints a subcommittee of at least five members to review the applicant group's request.

Ms. Larson is director of the Health Manpower Division of the Minnesota Department of Health. Established in 1976, it was charged with providing staff support to the Human Services Occupations Advisory Council which registers the human services occupations and recommends other forms of regulation to the legislature.

Open meetings are held, including at least one public forum, to raise, clarify and negotiate issues. Public participation is encouraged in every way, especially from those who are part of the occupational family to which the applicant group belongs.

The subcommittee makes its recommendation based upon the three factors mentioned above, to the full Council which has been kept informed throughout the process. The Council then recommends to the State Board of Health and it decides whether or not to regulate persons in the occupational groups, what type of regulation it should be (registration or licensure), and what the structure should be for administering the credential. When licensing is recommended, the recommendation is forwarded to the Minnesota legislature.

The recommendations of the Council and the manpower staff are forwarded to the State Board of Health. In most cases, the recommendations are similar, but they need not be. Recommendations are then reviewed by the Allied Health Manpower Committee of the Board--a review which may include more public meetings and the gathering of more information. The Board then makes a final decision about whether or not a group shall be registered or licensed and which body shall act as the administrative authority.

"Staff responsibilities include information gathering, identifying the relevant issues...reaching objective and independent conclusions. This is a demanding staff role."

After an occupational group is credentialed, a set of rules must be developed covering all aspects of that group's practices before the State Board of Health can authorize hearings.

Since this credentialing procedure was established in 1974, several issues have come up, according to Ms. Larson. Among them are the following:

- It is difficult to get public input into the credentialing process, especially from consumer groups.

- The amount of time, thought and money spent in the process is high, as is the potential for conflicts of interest in subcommittee appointments and decisions.

- While the credentialing process may take a year or two, it does provide for systematic consideration of each group. Before the system was in effect, some groups spent as many as 20 years trying to get credentialing recognition from the legislature.

"We are saying (in Minnesota) that there (should be) a linkage between credentials and competency...We have been able to get people around (the) table to negotiate and communicate."

A GRASS ROOTS MOVEMENT TOWARD CREDENTIALING

Jan Monti

About a year ago, the drug treatment workers in Washington State became concerned about rumors that the federal government intended to impose a credentialing system on them if they did not develop their own. As it turned out, it was only a rumor, but it did serve to unite the workers and get them moving toward development of a competence-based credentialing system.

Drug treatment workers in Washington State are fairly typical of their counterparts in other states. There are about 600 full- and part-time drug treatment workers in Washington employed in 85 agencies. Many belong to ethnic minorities (predominantly black), at least half have no college degree, and most live in urban areas. Most of them have either worked in drug treatment centers or have been users and clients of centers. And most remain on the job about one year.

"College graduates were often attracted to treatment agencies because their education offered them a degree of legitimacy, ...many agencies hired them because they needed to secure or maintain accreditation themselves. But many agencies were hesitant to hire college graduates...because their knowledge did not translate into effective treatment skills."

The State Office of Drug Abuse Prevention had contracted with Ms. Monti's consulting firm, the Human Services Training Institute, to provide consultation on training for drug treatment workers in agencies throughout the state. When fear of federal intervention influenced the workers to begin thinking about credentialing and training, the Institute established the Alliance for Innovative Education--a consortium of persons in colleges, human service agencies, and representatives of workers' groups--to explore training.

Ms. Monti is director of the Human Services Training Institute in Spokane, a non-profit consulting firm under contract to the state of Washington to provide technical assistance for developing a training and credentialing system for drug abuse treatment agencies.

Colleges were concerned because their graduates were either not being hired or were lasting barely a year on the job. Workers were concerned about getting the training they needed for certification. And agencies were concerned about hiring people who were effective and had the credentials needed to make the agency eligible for accreditation.

A conference attended by over 80 people resulted in the development of a task force to provide new strategies for training workers to have impact on political and funding decisions. But training and certification problems remained. The Institute therefore submitted a three-year proposal to the National Institute on Drug Abuse to develop a basis for an empirically validated credentialing system for drug abuse workers throughout the state.

The proposal, which has been approved but is not yet funded, has three distinct one-year phases:

- Phase I would identify the characteristics of superior drug abuse workers, with special emphasis on the role of values and attitudes, differences between average and superior workers, and specify generic worker characteristics which would be applicable across several human services areas.

- Phase II would be an assessment of human service training programs in colleges and agencies across the state, with a view toward measuring student learning outcomes against Phase I characteristics of superior workers.

- The final phase would consist of redesigning those programs whose curricula did not lead to effective performance and continuing follow-up on students in training, including those involved in redesigned training programs.

"If drug treatment workers can develop a competency-based credentialing system that assesses necessary skill level as a function of what works, and can provide training directed to those levels, it will serve to benefit the workers, their clients, the public, and everyone's pocketbook."

A COMPETENCE-BASED SYSTEM IN A LARGE STATE INSTITUTION

Stephen W. Wells

The state hospital in Elgin began a three-year program in 1974 to create a performance-based system of training based on a task analysis of job roles and functions. The study included every task, from providing therapy to performing simple maintenance functions.

Supervising employees were rewarded for doing the task analysis. In return for their help, the hospital offered to teach them to identify and classify the tasks their subordinates performed and to do a thorough, validated task analysis. Those who successfully completed this course (about 12 did) were awarded graduate credit at a cooperating university, plus the training certificates needed for promotion within the system.

"We recruited middle-level managers into task forces, co-opting them to perform needed change both upward and downward in the organizational hierarchy. By instructing them...and by negotiating trade-offs with them...we obtained their support...and ended up leaving behind not only completed competency-based curricula, but the means by which the institution could continue generating such curricula and implement it..."

A mountain of data--over 500 task statements--were collected in this way. The next step was to group the competencies into clusters and develop training objectives and training modules based upon these clusters. A curriculum made up of these modules was then developed and pilot training programs set up.

Meanwhile, hospital administrators did a task analysis of *their* jobs and functions. Their roles turned out to be managerial with little call for any knowledge of the behavioral sciences. A new curriculum was therefore created for training personnel to run a mental health delivery system, or any large organization for that matter.

Mr. Wells is an associate director for the Center for Human Potential, Inc., a non-profit organization which performed the project for the Elgin Mental Health Center in Elgin, Illinois.

The next step was to rank the job competencies into nine job classifications. Almost all team leaders and program coordinators worked on this process, using existing job definitions as a guide. The competencies were distributed along a nine-step career ladder which provided a performance-based means of assessing employees for promotion.

The hospital now requires employees to have the competencies designated in their job classifications and requires that 80 percent of all training modules employees take toward promotion be competency-based. Assessment of employees is also performance-based. The trainees may use paper and pencil exams to demonstrate their competence, but they also may use whatever other methods seem appropriate.

"In effect, we infiltrated the organization to introduce change from within in a way that would effervesce and spread of its own accord, utilizing existing organizational patterns."

A newsletter, *Competency Forum*, was started in 1975 to disseminate information about competence-based training. It is published on a monthly basis.

To date, over 100 institutions in 29 states have received copies of the training modules developed at Elgin and publication in book form is being planned.

After three years of experience with the program, Mr. Wells reports that a number of questions have been raised and conclusions reached. Among them are the following:

- There are some areas of expertise that *do* elude the task analysis process. It cannot tell you everything a person needs to know or needs to do.
- It *is* possible to break down complex functions into bite-size tasks and then put them together again so that broad concepts and theories emerge.
- Competencies *can* be equated with college credit. In fact, Elgin has made arrangements for such a transaction in a project which is now awaiting needed funding.

- You *can* convert a traditional mental health system with a traditional promotional system into one which is completely performance-based without lowering the standards if a dynamic training program is used.

- Accrediting bodies such as the Joint Commission on Accreditation of Hospitals *can* recognize performance standards of employees using the same criteria as those which have been established for competence-based training. In fact, a team of staff development specialists is now working with the JCAH toward such a linkage.

- Employees will seek to become competent even if competency may result in their running out of patients to treat *if* the competencies they acquire can be transferred to other settings.

- Unions will not block competence-based systems. In fact, they have been among the chief advocates of such systems and have argued for years that management use performance criteria in personnel decisions.

- The concept of the mental health generalist will survive when explicit competencies are identified, but not without some specialization. A middle ground between super-specialization and the do-everything model is more manageable, yields better results, and--most important--is trainable.

CAREER EDUCATION FOR WORKERS IN MENTAL HEALTH SETTINGS

Arthur L. Slater

"I believe...(we have) gotten too far from the practical realities of the work place. Curriculum development based on task analysis doesn't work and curriculum development based on programatic goals and objectives is too idealistic."

The purpose of the Career Education Project which Mr. Slater directs is to develop a systematic, relevant curriculum design which will increase the effectiveness of mental health workers and establish career ladders for them.

Major service delivery objectives were identified on which a core curriculum would be based and a series of curriculum modules were produced. Three community colleges have already adopted this curriculum and have successfully influenced other community college programs to revise their curricula. However, Mr. Slater is not entirely satisfied with the results.

An assessment approach was undertaken this year to attempt to find some middle ground between task analysis and developmental curriculum design approaches. This concept is being developed in a pilot project with a neighboring community mental health center. "We believe we have found the way," Mr. Slater said, "although the method is still quite expensive."

In his previous work with the Office of Career Planning and Curriculum Development, Mr. Slater used a work diary method which gives information about the frequency and duration of tasks in addition to the task descriptions. Although the important dimension of time was added to the results obtained with this method, it had the same drawbacks as other task analysis techniques: it yielded information on what *is* happening, not what *should* be happening.

Mr. Slater has been director of the Career Education for Mental Health Workers Program at the Human Resources Institute of the University of South Florida since 1975. He was formerly a staff member of the Office of Career Planning and Curriculum Development for Human Services with the Florida Board of Regents.

Mr. Slater's efforts have produced the Florida Task Bank of 358 task statements written in the standardized language of functional job analysis and the Manpower Management Information System, a computer tape with various files of employee and task information. These tasks have been distilled into 21 Molar Statements, or competency areas, to make the data more useful in curriculum design.

"(In relation to paraprofessional worker certification), the competency area can be distilled from available (data), and the assessment method is described in the Assessment of Men, published in 1948."

While the task bank has been useful in revising numerous job classifications over the years, both it and the management information system are perhaps too complex, according to Mr. Slater. Administrators in personnel and training offices have had difficulty applying the information in these systems to personnel and training problems alike.

DEVELOPING A COMPETENCE-BASED STATEWIDE MANPOWER SYSTEM

Donald Lake and Angela Holweger

South Carolina is developing a comprehensive competence-based career ladder and training program for paraprofessionals within the state Department of Mental Health. The program was initiated because, in spite of staff development efforts, paraprofessionals continue to serve largely custodial functions and the traditional disciplines continue to operate independently even though functions largely overlap.

With the help of consultants from the Center for Human Potential (see page 29), a program of career development was designed, focusing on competence-based, job-related training on an in-house basis. The training is to be coordinated with an accredited college so that those who wish can obtain formal credentials. The career ladder was to provide both lateral and horizontal movement for mental health workers.

A job analysis of existing service delivery positions was made by task forces made up of employees from the department's in-patient facilities. A comprehensive, detailed task bank was obtained for each of the occupations surveyed: mental health specialists, nurses, psychologists, social workers and activity therapists.

"The problem that we faced in common with other programs was that many key personnel and administrators were heavily invested in the current service delivery structure and were reluctant to make significant changes in it."

The data was validated and expanded with additional information obtained from a large stratified sample

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Mr. Lake is program administrator of the Paraprofessional Career Development Program in the South Carolina Department of Mental Health in Columbia. Dr. Holweger is the program's research coordinator.

descriptive statistics to be used in developing curriculum options for training and to identify training materials and potential instructors.

"The compiled data will be reviewed by (an)...advisory board (which) will examine alternatives to paraprofessional utilization and to the implications of possible work redistribution in terms of supervisory needs, changing roles for professionals, staffing considerations, budget requirements, training needs, and so forth."

In addition, plans are being made for evaluation of training and an overall evaluation of the program. The curriculum design is geared to the goals of the entire program in that:

- training will be tied directly to the knowledge, skills and abilities needed for specific tasks;
- each level of skill will build upon the level preceding it;
- training will be linked to identifiable performance objectives, and
- it will be conducted in-house using the department's own staff.

COMPETENCE: A SYSTEMS APPROACH

Mary Davis Moore

Dr. Moore maintains that the individual service provider does not have sufficient discretionary authority to provide competent service. The delivery system is at fault. She proposes that *institutional competency* be the foci for systems change to influence human services outcomes.

"There's very little relationship between individual competency and the consequences of those multi-million dollar centers...The system was in trouble as a system...it was full of competent people who did not impact on the health of the community."

She suggested a process be established so that organizations can monitor themselves--with the help of clients and consumers--in order to find out what the impact and the consequences are of the services they deliver.

Dr. Moore agreed with Moynihan's observation that the federal government develops programs instead of policies. The service delivery systems then have difficulty in finding something relevant to relate to in these *policyless* programs. A set of indicators or system standards are also needed along with a self-monitoring process which responds to both consumers and external factors.

Human Services are provided within institutions which operate under *policies* put into *operation* by a set of *procedures*. Often the policies themselves are ambiguous and not communicated to the "front line" staff. "A worker in ambiguity cannot be competent," she said. Even when policy is explicit, the service-providing staff most likely has not participated in the development

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Dr. Moore is regional director of the North Carolina Division of Mental Health. However, her presentation grew out of her previous experience in health and mental health personnel training and development in Texas.

of the procedures which put the policies into operation. Efficiency is enhanced by consensus, whether policy, operation or procedure.

She noted that systems currently set standards which allow them to get the funding they need to survive, including Medicaid/Medicare reimbursement. She suggested we begin to try to figure out which systems are competent, effective and efficient--systems which are working well from both the consumers' and providers' points of view.

"We're not ready...to lock anything in concrete at this time... I propose to you that we credential institutions, agencies and organizations, and not individuals."

When these successful systems are identified, we can look at their policies and procedures and how they are put into operation at all levels. We should also look at the varieties of knowledge, skills, forms of service delivery being used in those systems, and the environment in which they operate in order to find out which of these make a difference to the clients who are served. Armed with this kind of information about systems which are doing an exemplary job, we should then proceed to use these systems as models.

"Professions tend to be narrowly focused on the technology of the job."

" 'Are you interested in doing this work?' was found to be a factor (along with) other characteristics."

"(There) is little relationship between the competence of individuals and results of the system...(the) worker is too often in ambiguity and can't be competent."

"(You must have the) belief in people's ability to change."

"Characteristics of tasks are different from characteristics of (a) competent worker...contextual variables must be considered also...interpersonal variables (are) more important than specific performance...Most people don't deal with these variables in measurement."

"The structure of (our) language should be formal...(we must) watch (our) language...be precise and clear."

COMPETENCE: ISSUES AND TRENDS

- *Where can we go from here?*

KNOWLEDGE AND SKILLS ARE NOT THE ONLY--OR THE MOST ESSENTIAL--INGREDIENTS OF COMPETENT PERFORMANCE.

- Other vital components (some say they're *more* important) are motivation, disposition, and interpersonal variables.
- An environment which at best encourages and at minimum permits competent performance is another essential ingredient. Workers cannot function well in an organization which frustrates and negates all their efforts.
- Since the human service system is in constant fluctuation, we should be wary of inflexible definitions of competence. Our definition, whatever it may be, should be subject to constant validation and updating; dynamic, not static.

WE NEED A GENERIC MODEL FOR THE HUMAN SERVICE WORKER.

- A conceptual base is needed for establishing relationships between human service workers and the established professions.
- The separate models in mental health, alcoholism, drug abuse, mental retardation and other human services greatly overlap. Commodities in functioning and training need to be identified.
- We should be looking at *levels* of generic competence within the overall human services model.

A COMBINATION OF TECHNIQUES IS NEEDED TO ASSESS COMPETENCE.

- Any single measure of competence is likely to be inadequate, although each may be one ingredient in the competence recipe. This is especially true of task analysis as well as other measures, such as written and performance tests.
- The modular approach, using generic competencies, seems to provide the greatest flexibility in assessing overall competence.

- The portfolio method by which workers document and evaluate their own performance is a promising approach to be used in combination with other measures and should not be overlooked.

- Consensus judgments can be as valid as empirical data, but a great deal depends upon whose opinions make up the consensus. And again, consensus alone cannot be used as a measure of competence.

HUMAN SERVICES MUST MOVE WITH ALL OTHER FIELDS TOWARD OUTCOME STANDARDS.

- Assessments which deal only with process or inputs ignore outcome.

- We should be working toward empirically measuring competent performance by the amount and kind of impact it has on clients and communities, instead of assessing capabilities in a vacuum.

- The technique of involving clients or client representatives in competence determination should be more widely used.

A FAIR, FLEXIBLE, SIMPLE CREDENTIALING SYSTEM FOR HUMAN SERVICES WORKERS IS NEEDED.

- It should identify the core competencies needed for all workers.

- The system should identify the individual's developmental needs.

- Individual subspecialties can be recognized as options, but not by separate credentialing.

- The certification system should be kept simple and inexpensive.

- A program for measuring different levels of competence is needed.

- In range from specific to general competencies, certification should be aimed at the more general side so that workers are certified for a wide range of jobs in the field.

- Since credentialing is likely to be exclusionary, it has political and social implications. There should be optional routes to certification.

- Ethnic differences of workers need special attention when techniques for assessment are being chosen.

- Any measure of competence should make recommendations for improvement for those who do not qualify, as well as for those who do.

- A program for assuring continuing competence is needed in addition to one which measures the initial competence.

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